

**GEORGIA DEPARTMENT OF HUMAN SERVICES
TELEWORKING AGREEMENT**

Employee Name: _____

Home Phone: _____

As a participant in the Georgia Department of Human Services Teleworking Program, I certify that I have reviewed and agree to comply with DHS Human Services/Personnel Policy #111 - *DHS Teleworking Policy*, the *DHS TELEWORKING GUIDELINES*, the terms and conditions listed in this *DHS TELEWORKING AGREEMENT*, and all other terms and conditions of employment, including all provisions of the Standards of Conduct and Ethics in Government policy #1201.

- I agree to spend the time approved for teleworking performing the assigned duties and responsibilities of my position.
- I agree to maintain contact with my work unit, as appropriate, to successfully perform my assigned duties and responsibilities.
- I agree to contact my manager/supervisor or other authorized official to request prior approval for leave, when needed.
- I agree to maintain a safe work environment that is conducive to productivity.
- Arrangements have been made for dependent care, and personal disruptions such as non-business telephone calls and visitors will be kept to a minimum.
- I agree to check with my manager/supervisor any time there is a security issue that arises during my work at home or other alternate work site.
- I understand that the Georgia Department of Human Services (DHS) is not liable for any damages to my personal or real property while I am performing official duties at home or other alternate work site.
- I agree to immediately report to my manager/supervisor any work-related injuries that occur while teleworking.
- I understand that the sole purpose of this agreement is to regulate teleworking, and that it does not constitute a contract of employment.
- I understand that teleworking is voluntary, and is not an employee right.
- I understand that this teleworking agreement is valid on an: **(Circle one)** [on-going basis] OR [occasional basis] OR [part-time] OR [full time basis] as indicated on the **work schedule listed below.**

TELEWORKING AGREEMENT
(Continued)

Work Schedule (if teleworking is regularly scheduled)

<u>Day</u>	<u>Hours</u>	<u>Location (main/Alternate)</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Daily Lunch Period	_____	_____

Main Office Workplace

ADDRESS: _____

PHONE NUMBER: _____

Alternate Workplace

ADDRESS: _____

PHONE NUMBER: _____

List Any Special Conditions **or comments:**

I understand that this agreement may be terminated at any time by me, my manager/supervisor or other authorized official.

Employee Signature

Date

I agree to follow all provisions of the *DHS Teleworking Policy* and *DHS TELEWORKING GUIDELINES*.

Manager/Supervisor Signature

Date

A copy of this form will be given to the teleworking employee. The original copy will be kept on file by the approving manager/supervisor.